

E-filing

FILED  
08 MAY 11 3:23 PM  
U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA**COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983**

4-8-2008

Name LEONARD HOWARD, DONTUS DONVETTE GALLOWAY  
(Last) (First) (Initial)Prisoner Number C-22800Institutional Address PELICAN BAY STATE PRISON, B-FACILITY B-1-132  
5905 LAKE ERL DRIVE, P.O. BOX 7500, CRESCENT CITY, CA. 95532UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

2319

Howard DONTUS LEONARD REFFENMAN  
(Enter the full name of plaintiff in this action.)vs. DOCTOR M. DOUGLASWARDEN Director  
M. NIMROD JENNIFER WOODFORD (PR)  
Case No. \_\_\_\_\_  
(To be provided by the clerk of court)ROBERT A. HORELY, WARDEN  
CIOM. COOK, WARDEN, M. HANLEY  
CIOALLEN, D.R. 52076 BADGESeq. Et. AL. B. BELOSKY  
(Enter the full name of the defendant(s) in this action)R. CAMAREPA - 51290

[All questions on this complaint form must be answered in order for your action to proceed.]

I. Exhaustion of Administrative Remedies

[Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement PELICAN BAY STATE PRISONB. Is there a grievance procedure in this institution? YES NO ( )  
YES ( ) NO ( )

C. Did you present the facts in your complaint for review through the grievance procedure?

YES ( ) NO ( )

D. If your answer is YES, list the appeal number and the date and result of the

602, NOV 27th DENIED P-07-01912

COMPLAINT

1 appeal at each level of review. If you did not pursue a certain level of appeal,  
2 explain why. SEE CV-07-5831-JSW-(PR)

3 1. Informal appeal I WAS DENIED by STAFF,

4 D.R. ALLEN, 72056, I WAS DENIED by CIO

5 D. BROWN 43286, 43638, 43238, 3 Bridges 2. First  
6 formal level I WAS DENIED Second 602

7 H.C. P.B. 07-5194, I also have these lawsuits  
8 CV-07-5248, CV-2307, CV-02711-JKS-EFB

9 3. Second formal level I WAS DENIED BOTH APPEALS

10 CONCERNING THESE ISSUES OF CANTEN THEFT,

11 PERSONAL PROPERTY THEFT, AND DENIAL OF MY 4 Third

12 formal level MAIL AND DESTRUCTIONS OF MY RADIO AM

13 FM, CASSETTE CIO, PLAYER ETHER, AND RUBBER ANTENNA

14 VALUE \$88.00 AND MY COLOR PANASONIC TV. VALUE \$310.00

15 E. Is the last level to which you appealed the highest level of appeal available to  
16 you? AND 15.00 DOLLARS ARMY SERVICE PAY

17 YES (☒) NO ( ) 138581-491-58-3812, 54234-  
18 24 7116-1308

19 F. If you did not present your claim for review through the grievance procedure,

20 explain why. I did DR. M. NIMROD, AKA DR. M. DOUGLAS SINKEL  
(WARREN)

21 I WAS TOO MENTALLY DERANGED, ILL, AND CRAZY TO KNOW IF I

22 II. Parties EVEN HAD MONEY OR PROPERTY, SO HE PROCEEDED TO STEAL  
23 EVERYTHING I OWNED

24 A. Write your name and your present address. Do the same for additional plaintiffs,  
25 OWNED if any. WITH MILWAUKEE RAY ANTHONY, TOMA MORRISON HIS WIFE!

26 HOWARD DONALD DOWNETTE LEONARD, PELICAN BAY STATE

27 PRISON, 5905 LAKE EARL DRIVE, P.O. BOX 7500, B-FACILITY

28 B-1-1-132 PRESENT CITY CA. 95532

B. Write the full name of each defendant, his or her official position, and his or her

(4-8-2008)

place of employment.

Robert A. Harell, Warden of Administration and  
 Authority over all Police, as soon as he is J.A. McInnis  
 44237 Bridge, M. Cook Warden over Canteen and Receiving  
 and Release and B. Belosky, CIO Floor guards in P.S.U. and  
 G. Darrett CIO G. Darrett, CIO Allen, 52076 III. Psych  
 Services Unit  
 Statement of Claim Theft of My Property, Canteen!

State here as briefly as possible the facts of your case. Be sure to describe how each  
 defendant is involved and to include dates, when possible. Do not give any legal arguments or  
 cite any cases or statutes. If you have more than one claim, each claim should be set forth in a  
 separate numbered paragraph. Dr. M. Douglas Antoni Damncourt Nimrod  
 1. On 11-12-2007 Dr. Allen badge 52076, Stole 45.00 dollars  
 worth of My canteen, nil of it! On 12-15-2007, I had from  
 Sten L 28.00 dollars of My canteen Allen 76052, 1-12-2008  
 CIO Allen 52076 Stole 45.00 canteen, nil of it! On 2-13-2008  
 CIO Allen 52076 and B. Belosky Stole 45.00 of My canteen and  
 on 3-12-2008, CIO G. Darrett aka D. Garrett  
 Stole 45.00 dollars worth of My canteen with L. Thompson  
 L. Thompson and CIO B. Belosky and CIO Allen 52076 and  
 on 3-20-2006 on My arrival here CIO M.P. Baron and  
 CIO Sheila Barger, J. Rupert, Robert A. Harell 44237 and  
 T. Steward NSS. Warden and CIO R.L. Smith 54385-b CIO Salve  
 Penhouse "Sailor" Stole My E. Train Radio Panasonic color T.V  
 12 CIO's 12 cassettes and 70.00 dollars worth of canteen and all  
 My money 503.00 on My Trust  
 account!

#### IV. Relief To be Reimbursed

Your complaint cannot go forward unless you request specific relief. State briefly exactly  
 what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

by The California Department of Corrections, and  
 Rehabilitations and State board of claims at

(4-8-2008)

1 1515 K-Street Mall, \$1,450.00 dollars CAUTION \$429.00 dollars  
 2 88 dollars for My Exxon Radio, \$3,10.00 for My Panasonic Color  
 3 T.V. \$503.00 dollars They Stole from My Trust account for  
 4 A Total of \$1,466 dollars compensatory damages and 10,000  
 5 dollars damages as They did this because I am a legal Licensed  
 6 Bar Association Attorney and held <sup>bi</sup> False imprisonment

7 I declare under penalty of perjury that the foregoing is true and correct.

8 Signed this 8th day of April, 2008

9 Howard Dontis Donvette Refzenman Leonard

10 (Plaintiff's signature)

11 my mother's  
 12 Licenses  
 13 are  
 14 138847  
 15 245116  
 16 30+20+20



168339

**PART I: TO BE COMPLETED BY THE PATIENT**

If you believe this to be an urgent/emergent health care need, contact the correctional officer on duty

REQUEST FOR: MEDICAL ☐ PSYCHIATRY ☐ MENTAL HEALTH ☐ DENTAL ☐ PHARMACY ☐

NAME: \_\_\_\_\_ CDC #: \_\_\_\_\_ HOUSING: \_\_\_\_\_

PHARMACY REFILL # \_\_\_\_\_

\*Pharmacy, place labels on back of form\*

THE REASON YOU WANT HEALTH CARE. (DESCRIBE YOUR HEALTH PROBLEM AND HOW LONG YOU HAVE HAD THE PROBLEM)

PATIENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PART II: TO BE COMPLETED BY THE TRIAGE RN/RDA/MTA**

Date & Time Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Reviewed by RN/RDA, Date: \_\_\_\_\_

Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Triage Designation: \_\_\_\_\_

S: \_\_\_\_\_

O: \_\_\_\_\_

T: \_\_\_\_\_

P: \_\_\_\_\_

R: \_\_\_\_\_

BP: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

A: \_\_\_\_\_

P: \_\_\_\_\_

Signature/Date/Time: \_\_\_\_\_

APPOINTMENT

EMERGENCY ☐

URGENT ☐

ROUTINE ☐

SCHEDULED AS:

(immediately)

(within 24 hours)

(within 14 calendar days)

REFERRED TO PCP: \_\_\_\_\_

DATE OF APPOINTMENT: \_\_\_\_\_

Print/Stamp Name \_\_\_\_\_

Signature/Title \_\_\_\_\_

Date & Time Completed \_\_\_\_\_

**COPAYMENT INFORMATION – TO BE FILLED OUT BY DEPARTMENTAL STAFF**

1. ☐ Visit was for an emergency
2. ☐ Visit was for diagnosis or treatment of a communicable disease condition (See Title 17, Chapter 4, Subchapter 1, Section 2500 CCR)
3. ☐ Visit was for mental health services
4. ☐ Visit was a follow-up requested by the clinician.
5. ☐ Visit was for State mandated evaluation or treatment (e.g., Annual TB tests)
6. ☐ Visit was for reception screening and evaluation only
7. ☐ Visit is NOT exempt from co-payment. Send PINK copy to Inmate Trust Office.

**DISTRIBUTION:**

ORIGINAL-Unit Health Record  
PBSP 7362 (Rev. 7/03)

YELLOW - Pharmacy

PINK - Inmate Trust

GOLDENROD – Inmate/Patient

Name: \_\_\_\_\_

CDC#: \_\_\_\_\_

Housing: \_\_\_\_\_

Institution: \_\_\_\_\_

168338

**PART I: TO BE COMPLETED BY THE PATIENT**

If you believe this to be an urgent/emergent health care need, contact the correctional officer on duty

REQUEST FOR: MEDICAL ☐ PSYCHIATRY ☐ MENTAL HEALTH ☐ DENTAL ☐ PHARMACY ☐

NAME: \_\_\_\_\_ CDC #: \_\_\_\_\_ HOUSING: \_\_\_\_\_

PHARMACY REFILL # \_\_\_\_\_ \*Pharmacy, place labels on back of form\*

THE REASON YOU WANT HEALTH CARE. (DESCRIBE YOUR HEALTH PROBLEM AND HOW LONG YOU HAVE HAD THE PROBLEM)

PATIENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PART II: TO BE COMPLETED BY THE TRIAGE RN/RDA/MTA**

Date & Time Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Reviewed by RN/RDA, Date: \_\_\_\_\_ Time: \_\_\_\_\_ Signature: \_\_\_\_\_ Triage Designation: \_\_\_\_\_

S: \_\_\_\_\_

O: \_\_\_\_\_ T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

A: \_\_\_\_\_

P: \_\_\_\_\_

Signature/Date/Time: \_\_\_\_\_

APPOINTMENT SCHEDULED AS: EMERGENCY ☐ (immediately) URGENT ☐ (within 24 hours) ROUTINE ☐ (within 14 calendar days)

REFERRED TO PCP: \_\_\_\_\_ DATE OF APPOINTMENT: \_\_\_\_\_

Print/Stamp Name \_\_\_\_\_ Signature/Title \_\_\_\_\_ Date & Time Completed \_\_\_\_\_

**COPAYMENT INFORMATION – TO BE FILLED OUT BY DEPARTMENTAL STAFF**

1. ☐ Visit was for an emergency
2. ☐ Visit was for diagnosis or treatment of a communicable disease condition (See Title 17, Chapter 4, Subchapter 1, Section 2500 CCR)
3. ☐ Visit was for mental health services
4. ☐ Visit was a follow-up requested by the clinician.
5. ☐ Visit was for State mandated evaluation or treatment (e.g., Annual TB tests)
6. ☐ Visit was for reception screening and evaluation only
7. ☐ Visit is NOT exempt from co-payment. Send PINK copy to Inmate Trust Office.

**DISTRIBUTION:**

ORIGINAL-Unit Health Record  
PBSP 7362 (Rev. 7/03)

YELLOW - Pharmacy

PINK - Inmate Trust

GOLDENROD – Inmate/Patient

Name: \_\_\_\_\_ CDC#: \_\_\_\_\_ Housing: \_\_\_\_\_ Institution: \_\_\_\_\_

168340

**PART I: TO BE COMPLETED BY THE PATIENT**

If you believe this to be an urgent/emergent health care need, contact the correctional officer on duty

REQUEST FOR: MEDICAL ☐ PSYCHIATRY ☐ MENTAL HEALTH ☐ DENTAL ☐ PHARMACY ☐

NAME: \_\_\_\_\_ CDC #: \_\_\_\_\_ HOUSING: \_\_\_\_\_

PHARMACY REFILL # \_\_\_\_\_

\*Pharmacy, place labels on back of form\*

THE REASON YOU WANT HEALTH CARE. (DESCRIBE YOUR HEALTH PROBLEM AND HOW LONG YOU HAVE HAD THE PROBLEM)

PATIENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PART II: TO BE COMPLETED BY THE TRIAGE RN/RDA/MTA**

Date &amp; Time Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Reviewed by RN/RDA, Date: \_\_\_\_\_ Time: \_\_\_\_\_ Signature: \_\_\_\_\_ Triage Designation: \_\_\_\_\_

S: \_\_\_\_\_

O: \_\_\_\_\_ T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

A: \_\_\_\_\_

P: \_\_\_\_\_

Signature/Date/Time: \_\_\_\_\_

APPOINTMENT  
SCHEDULED AS:EMERGENCY ☐  
(immediately)URGENT ☐  
(within 24 hours)ROUTINE ☐  
(within 14 calendar days)

REFERRED TO PCP: \_\_\_\_\_

DATE OF APPOINTMENT: \_\_\_\_\_

Print/Stamp Name

Signature/Title

Date &amp; Time Completed

**COPAYMENT INFORMATION – TO BE FILLED OUT BY DEPARTMENTAL STAFF**

1. ☐ Visit was for an emergency
2. ☐ Visit was for diagnosis or treatment of a communicable disease condition (See Title 17, Chapter 4, Subchapter 1, Section 2500 CCR)
3. ☐ Visit was for mental health services
4. ☐ Visit was a follow-up requested by the clinician.
5. ☐ Visit was for State mandated evaluation or treatment (e.g., Annual TB tests)
6. ☐ Visit was for reception screening and evaluation only
7. ☐ Visit is NOT exempt from co-payment. Send PINK copy to Inmate Trust Office.

**DISTRIBUTION:**ORIGINAL-Unit Health Record  
PBSP 7362 (Rev. 7/03)

YELLOW - Pharmacy

PINK - Inmate Trust

GOLDENROD – Inmate/Patient

Name: \_\_\_\_\_

CDC#: \_\_\_\_\_

Housing: \_\_\_\_\_

Institution: \_\_\_\_\_

The Lied This is MY  
Prison # C-22800  
check

ORIGINAL  
FILED  
APR 24 2008  
RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF CALIFORNIA

HOWARD LEONARD,

Plaintiff,

v.

N. GRANNIS, et al,

Defendants.

No. C 07-5831 JSW (PR)

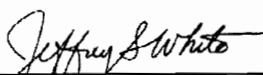
ORDER OF DISMISSAL

Plaintiff, a California prisoner, filed this pro se civil rights complaint under 42 U.S.C. § 1983. On November 16, 2007, the Court sent a notice regarding Plaintiff's failure to pay the filing fee or complete an in forma pauperis application. The notice was sent to the prison where Plaintiff indicated he was located, with the prisoner identification number Plaintiff provided. Thereafter, on December 17, 2007, the Court's notice was returned with a notification from the prison that the prisoner identification number was incorrect. More than 60 days have passed since the notice was returned from the prison, and Plaintiff has not provided the Court with his correct identification number and location information, nor has he filed anything at all in this case since his complaint. Accordingly, Plaintiff's complaint is hereby dismissed without prejudice for his failure to keep the Court apprised of his current address and identification information, pursuant to Civil Local Rule 3-11(b); see also Fed. R. Civ. P. 41(b).

The Clerk shall enter judgment and close the file.

IT IS SO ORDERED.

DATED: April 24, 2008

  
JEFFREY S. WHITE  
United States District Judge



1 UNITED STATES DISTRICT COURT  
2 FOR THE  
3 NORTHERN DISTRICT OF CALIFORNIA  
4

5 HOWARD D LEONARD,  
6 Plaintiff,  
7

Case Number: CV07-05831 JSW

**CERTIFICATE OF SERVICE**

8 v.

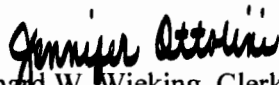
9 DEPT OF CORRECTIONS et al,  
10 Defendant.  
11

12 I, the undersigned, hereby certify that I am an employee in the Office of the Clerk, U.S. District Court, Northern District of California.

13 That on April 24, 2008, I SERVED a true and correct copy(ies) of the attached, by placing said  
14 copy(ies) in a postage paid envelope addressed to the person(s) hereinafter listed, by depositing  
15 said envelope in the U.S. Mail, or by placing said copy(ies) into an inter-office delivery  
16 receptacle located in the Clerk's office.

17 Howard Dontus Laroyce Leonard  
18 Pelican Bay State Prison  
19 C22800  
P.O. Box 7500  
Crescent City, CA 95532

20 Dated: April 24, 2008

21   
Richard W. Wicking, Clerk  
By: Jennifer Ottolini, Deputy Clerk  
22  
23  
24  
25  
26  
27  
28

Mrs. Howard Patricia Hoyer Howard C-22800  
Box 7500  
Pelican Bay State Prison  
US-Jail # 43-1-C-132  
Crescent City CA 95532

PELICAN BAY STATE PRISON  
5805 Lake East Dr  
Crescent City CA 95532



02 1M  
000421 7666 APR 30 2008  
MAILED FROM ZIP CODE 95531

EUREKA CA 955

The Northern District Court

450 Golden Gate Ave

San Francisco, California 94102

Confidential

Legal mail

9410233661 0004



for clerk